

# Arkansas Social Work Licensing Board

## Address and or Name Change Form

Please note: Name changes must be accompanied by a copy of the official documentation verifying the change. (Marriage license, divorce decree, etc.)

Please Complete the following			
Current Name and Address		Former Name and Address	
Name (Last, First, Middle)		Name (Last, First, Middle)	
Address		Address	
City, State, Zip		City, State, Zip	
Please Update Your: Home Phone		Cell Phone	
Email Address:			
Employer:		Work Email Address:	
This is a change of:	Name	Address	Work Phone:
<b>For identification provide the following:</b>			
License Number	Date of Birth	Signature	I Date
	SS#		

Return Completed Form To:

By Mail:

State of Arkansas  
 Social Work Licensing Board or  
 P. O. Box 251965  
 Little Rock, AR 72225

By Fax:

501-372-6301

**\*\*\*PLEASE NOTE\*\*\***

If your name changes and you wish a new licensure card, there is a \$20 fee. You must mail this request along with a check in order to receive a new card.